

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF TEXAS  
HOUSTON DIVISION

STEPHEN McCOLLUM, and SANDRA §  
 McCOLLUM, individually, and STEPHANIE §  
 KINGREY, individually and as independent §  
 administrator of the Estate of LARRY GENE §  
 McCOLLUM, §

PLAINTIFFS

V.

CIVIL ACTION NO.  
4:14-cv-3253  
JURY DEMAND

BRAD LIVINGSTON, JEFF PRINGLE, §  
RICHARD CLARK, KAREN TATE, §  
SANDREA SANDERS, ROBERT EASON, the §  
UNIVERSITY OF TEXAS MEDICAL §  
BRANCH and the TEXAS DEPARTMENT OF §  
CRIMINAL JUSTICE. §

DEFENDANTS

## Plaintiffs' Consolidated Summary Judgment Response Appendix

# EXHIBIT 1

**Summary of Undisputed Heat-Related Death at TDCJ Facilities**

<b>Name</b>	<b>Age</b>	<b>Texas Prison</b>	<b>Date of Death</b>	<b>Body Temp.</b>	<b>Facts</b>
Archie White	48	Robertson	June 29, 1998	104.2	Obese, hypertensive, schizophrenic, prescribed antidepressants and other medications known to increase risk of heat-stroke
Anselmo Lopez	41	Eastham	July 14, 1998	Unk	Prescribed psychotropic medications for schizophrenia
James Moore	47	Unk	July 30, 1998	104.1	History of paranoid schizophrenia and hypertension, prescribed psychotropic medications, beta-blockers and diuretics
Charles Finke, Jr.	38	Huntsville	Aug. 8, 1999	106	Prescribed anti-depressants, recently arrived from air-conditioned facility
John Cardwell	39	Allred	Aug. 4, 2001	108.5	Prescribed diuretics and psychotropics, recently arrived from air-conditioned prison
Ricky Robertson	37	Darrington	July 16, 2004	108	Bipolar with depression, prescribed psychotropic medications
James Shriver	47	Byrd	Aug. 8, 2007	Unk	History of hypertension, prescribed psychotropic medications
Dionicia Robles	54	Byrd	Aug. 13, 2007	Unk.	Prescribed psychotropics
Douglas Hudson	62	Gurney	July 25, 2011	105	History of hypertension, prescribed medication "known to interfere with heat dissipation," died after 3 days in prison
Larry McCollum	58	Hutchins	July 28, 2011	109.4	Diabetic, prescribed diuretic for hypertension, found 2:00 am, died 1 week after arrival
Thomas Meyers	46	Coffield	Aug. 3, 2011	105.6	History of hypertension, prescribed psychotropics
Robert Webb	50	Hodge	Aug. 4, 2011	Unk.	Developmentally disabled, prescribed psychotropics, found unresponsive 3:30 am
Alexander Togonidze	44	Michael	Aug. 8, 2011	106+	Diabetic, prescribed psychotropics, previously complained of heat-related illnesses
Charles Cook	53	Hodge	Aug. 8, 2011	107.9	Developmentally disabled, prescribed psychotropics, found unresponsive at 3:00 am
Michael Martone	57	Huntsville	Aug. 8, 2011	106.5	Prescribed antidepressants, hypertensive, prescribed calcium channel blocker
Kelly Marcus	36	Connally	Aug. 12, 2011	Unk.	Obese, prescribed diuretic, found 3:30 am
Kenneth James	52	Gurney	Aug. 13, 2011	108	Prescribed diuretic, died 3 days after arrival after 2:00 am
Daniel Alvarado	44	Beto	Aug. 20, 2011	105.2	HIV+, prescribed psychotropics, found unresponsive at 9:20 am
Rodney Adams	45	Gurney	Aug. 3, 2012	109.9	Prescribed psychotropics, died 1 day after arrival
Albert Hinojosa	44	Garza West	Aug. 27, 2012	Unk.	Died shortly after arrival, suffered from diabetes, hypertension, schizophrenia, and depression; found after midnight

December 21, 2015

*See Cole et al. v. Livingston et al.*, No. 4:14-c-v01698, Doc. 432, p. 36-38.  
Plaintiffs' MSJ Appx. 2

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CRIMINAL JUSTICE. §

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## Plaintiffs' Consolidated Summary Judgment Response Appendix

# EXHIBIT 2

ENT. (V)

## Lubbock County Medical Examiner's Office

3502 9th Street, Suite 390  
Lubbock, Texas 79415

### AUTOPSY REPORT

Name: Archie White Case No: FA-8426  
Approximate Age: 48 years Sex: Male  
Height: 69 inches Weight: 224 pounds  
Autopsy Authorized By: Marlon A. Smith, Justice of the Peace, Jones County, Texas

dx- 6-29-98  
# 336796

I, hereby certify that on the 30<sup>th</sup> day of June 1998, beginning at 0830 hours, I, Glen R. Gruben, M.D., performed an autopsy on the body of Archie White at the Lubbock County Medical Examiner's Office in Lubbock, Texas and upon investigation of the essential facts concerning the circumstances of the death and history of the case, I am of the opinion that the findings, cause and manner of death are as follows:

#### FINDINGS:

- I. Exogenous hyperthermia:
  - A. Elevated core body temperature (104 degrees rectal).
  - B. No medical disease to explain this death.
  - C. No injuries.
- II. No assault-type or lethal injuries.
- III. Generalized organ congestion.

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AND MAILED  
D.A. LUTHER  
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#### TOXICOLOGY:

Drugs of Abuse Screen	
Urine tricyclic antidepressants	Positive
FPIA Screen	
Blood salicylate	Quantity not sufficient

Continued on next page

FA-8426  
Archie White

**Common Basic Screen**

Blood amitriptyline	Negative
Blood nortriptyline	Negative
Blood doxepin	Negative
Blood desipramine	Negative
Blood imipramine	Negative

**Quantitative Tests**

Blood alcohol, ethyl	Negative
----------------------	----------

**Other Tests**

Urine acetaminophen	Negative
Vitreous electrolytes	See attached report

**COMMENT:** This 48 year old male died from complications of an elevated core body temperature (heat stroke). According to his medical records and investigation, he was being transported in a van when he became unresponsive. According to records, his body temperature was 104 degrees at 1700. This temperature was reportedly an axillary temperature, not rectal. He was then transferred to the Hendrick Medical Center where his temperature was 104 degrees by rectal measurement at 1811. Toxicology was negative and vitreous electrolytes showed a normal postmortem pattern. The electrolyte studies were performed on postmortem vitreous samples which gives a distorted view as the decedent received fluids prior to death. The only other electrolytes found were performed at 1830 on 6-29-98, which also were done after fluids were given. These fluids would have distorted a pattern of dehydration that may have existed at the time of collapse.

In the absence of medical diseases or trauma, the cause of death is due to a prolonged elevated core body temperature (exogenous hyperthermia).

**CAUSE OF DEATH:** Exogenous Hyperthermia.

**MANNER OF DEATH:** To be determined by the Justice of the Peace.

  
Glen R. Groben, M.D.

  
Date

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Archie White

## GROSS ANATOMIC DESCRIPTION

**I. CLOTHING AND PERSONAL ITEMS:** None.

**II. MEDICAL INTERVENTION:**

1. plastic airway in the nose
2. tracheostomy tube that was in the proper position
3. Foley catheter
4. IV catheter in the back of the right hand
5. pacer pads and EKG pads over the anterior chest and left flank
6. bandage over a 1-1/4 inch sutured incision over the anterior surface of the left ankle

**III. EXTERNAL BODY EXAMINATION:** The body is that of a normally developed, adult black male appearing the stated age of 48 years with a body length of 69 inches and body weight of 224 pounds. Body presents with heavy build and good preservation. Rigor is complete. Lividity is dark and posterior. Body is cold to touch post refrigeration. The head is covered by short black hair intermixed with gray. There is stubble for a mustache and beard. The irides are brown. The conjunctivae are congested, but there are no bulbar or palpebral conjunctival petechial hemorrhages. Nasal cavities are unremarkable with intact septum. Oral cavity is intact and without injury. Teeth are natural and in fair repair, although there are two upper central incisors and one of the left bicuspid missing. Ears are unremarkable with no hemorrhage in the external auditory canals. Neck is rigid due to postmortem changes and there are no palpable masses or acute injuries. Chest, back and abdomen are without acute injury. Abdomen is protrudent. Upper and lower extremities are equal and symmetrical and there are no acute injuries. The hands are without injury. External genitalia present with normal uncircumcised male with two descended testes. There are no injuries. The anus is intact and without injury.

**IV. SCARS AND TATTOOS:** None identified other than small irregular scars over the anterior surface of both lower extremities.

**V. INTERNAL EXAMINATION:** A Y-shaped thoraco-abdominal incision is made and the organs are examined in situ and eviscerated in the usual fashion. The subcutaneous fat is normally distributed, moist and bright yellow. The musculature of the chest and abdominal area is of normal color and texture.

**1. SEROUS CAVITIES:** The chest wall is intact without rib, sternal or clavicular fractures. The pleura and peritoneum are congested, smooth, glistening and essentially dry, devoid of adhesions or effusion. There is no scoliosis, kyphosis or lordosis present. The left and right diaphragms are in their normal location and appear grossly unremarkable. Pericardial sac is intact,

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Archie White

smooth, glistening and contains normal amounts of serous fluid.

2. **CARDIOVASCULAR SYSTEM:** The heart weighs 389 grams. The aorta, pulmonary artery and coronary arteries arise and course normally. The coronary arteries show little atherosclerotic change. Left ventricular wall thickness is 1.5 cms and shows no evidence of scarring or recent infarction. Cardiac valves are thin and pliable and there are no vegetations. The aorta is intact along its length and shows a few uncomplicated plaques along the abdominal aorta.

3. **PULMONARY SYSTEM:** The neck presents an intact hyoid bone as well as thyroid and cricoid cartilages. The larynx is comprised of unremarkable vocal cords and folds, appearing widely patent without foreign material, and is lined by smooth, glistening membrane. The epiglottis is a characteristic plate-like structure without edema, trauma or pathological lesions. Both the musculature and the vasculature of the anterior neck are unremarkable. The trachea and spine are in the midline presenting no traumatic injuries or pathological lesions.

The right and left lungs weigh 790 and 751 grams, respectively. The pleural surfaces are smooth and show anthracotic change. The lung parenchyma is congested, although there are no areas of consolidation or mass lesions. The trachea and main bronchi are intact along their length, other than the tracheostomy incisions. The trachea is lined by a thin film of blood secondary to the incision. Otherwise, the trachea and main bronchi are widely patent and show no mucous plugging or foreign debris. There are no pulmonary thrombo-emboli.

4. **GASTROINTESTINAL SYSTEM:** The esophagus is intact with normal gastro-esophageal junction and without erosions or varices. The stomach is also normal without gastritis or ulcers. The stomach contains approximately 100 cc of thin liquid containing food particles resembling dark meat and unidentifiable vegetable matter. Loops of small and large bowel appear grossly unremarkable. The appendix is absent. There is no hemorrhage within the mesentery or along the serosal surface of the small and large bowel. The ligament of Treitz and falciform ligaments are intact.

The liver weighs 2090 grams. The capsule is intact. The parenchyma is congested. There are no mass lesions. The gallbladder contained about 15 cc of greenish bile. There is no cholecystitis or cholelithiasis. The biliary tree is patent. The pancreas presents a lobulated, yellow cut surface without acute or chronic pancreatitis.

5. **GENITOURINARY SYSTEM:** The left and right kidneys weigh 367 grams, combined. The capsules strip with ease and the cortical surfaces are smooth, brown, glistening and very congested. On sectioning, the cortex presents a normal thickness above the medulla. The renal columns of Bertin extend between the well demarcated pyramids and appear unremarkable. The medulla presents normal renal pyramids with unremarkable papillae. The pelvis is of normal size

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Archie White

and lined by gray, glistening mucosa. There are no calculi. Renal arteries and veins are normal.

The ureters are of normal caliber lying in their course within the retro peritoneum and draining into an unremarkable urinary bladder devoid of urine. There was urine in the Foley bag. External genitalia present an uncircumcised penis without hypospadias, epispadias or phimosis. There are no infectious lesions or tumors noted. The descended testicles are of normal size encased within an intact and unremarkable scrotal sac and on palpation abnormal masses or hernias are not present. The prostate is of normal size and shape and sectioning presents normal two lateral lobes with median lobe forming the floor of the unremarkable urethra. There are no gross pathological lesions.

**6. HEMATOPOIETIC SYSTEM:** The spleen weighs 163 grams presenting a gray, smooth capsule and on sectioning reveals a reddish-brown soft splenic pulp. There is no lymphadenopathy.

**7. ENDOCRINE SYSTEM:** The thyroid gland is of normal size and shape presenting two well-defined lobes with connecting isthmus and a beefy brown cut surface. There are no goitrous changes or adenomas present. The adrenal glands are of normal size and shape, and sectioning presents no gross pathological lesions. The pituitary gland is encased within an intact sella turcica and presents no gross pathological lesions.

**8. CENTRAL NERVOUS SYSTEM:** A scalp incision, craniotomy and evacuation of the brain are carried out in the usual fashion.

The scalp is intact without contusions or lacerations. The calvarium is likewise intact without bony abnormalities or fractures.

The brain weighs 1382 grams presenting without congestion of the leptomeninges. The overlying dura is intact and unremarkable. There is no epidural, subdural or subarachnoid hemorrhage. The cerebral hemispheres reveal a normal gyral pattern without evidence of edema. The brainstem and cerebelli are intact. There is no evidence of cerebellar tonsillar notching. The Circle of Willis is patent presenting no evidence of thrombosis or berry aneurysm. Coronal sections reveal a normal gray-white junction without hemorrhages or contusions. The intraventricular spaces contain only clear fluid. There are no mass lesions.

**9. MICROSCOPIC EXAMINATION:**

Heart: no scarring and no inflammatory infiltrate; there is no evidence of acute infarction or subendocardial hemorrhage.

Lungs: congestion and pulmonary edema.



MC FA-8426  
Archie White

Liver: mild fatty infiltration and an increased number of lymphocytes within the portal tracts; the inflammation is limited to the portal tracts and there is no evidence of piecemeal necrosis.

Spleen, pancreas and thyroid: within normal limits.

Brain: no hemorrhages or inflammatory infiltrate; there are no anoxic changes; the meninges are thin and free of inflammation.

### **SPECIMENS AND EVIDENCE COLLECTED**

1. admission blood, 60 ml of femoral vein blood, bile, urine, vitreous, liver and gastric
2. representative tissue sections include: heart, lungs, liver, kidney, adrenal, thyroid, coronary arteries, pancreas and spleen; remaining sections are retained at the Lubbock County Medical Examiner's Office
3. photographs are taken and retained by this office

GRG:lr

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CRIMINAL JUSTICE. §

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## Plaintiffs' Consolidated Summary Judgment Response Appendix

# EXHIBIT 3

SENT BY:  
VIRALITY I

2-08-70 11:17PM TDCJ-10 MEDICAL WHE-

1# 2

Patient Account: 20002531-110  
 Med. Rec. No.: (0150)0011172  
 Patient Name: LOPEZ, ANSELMO  
 Age: 41 YRS DOB: 04/07/37 Sex: M Race: S  
 Admitting Dr.:  
 Admitting Dr.: AUTOPSY SERVICE  
 Date/Time Admitted: 07/14/98 2041  
 Copies to:

**UTMB**  
**University of Texas Medical Branch**  
 Galveston, Texas 77558-0843  
 (409) 772-1238  
 Fax (409) 772-5693  
**Pathology Report**

PC

(V)

# 53 38 94



Autopsy Office (409) 772-2858

Autopsy No.: AU-98-00236

**AUTOPSY INFORMATION:**

Occupation: INMATE Birthplace: UNKNOWN Residence: EASTHAM UNIT  
 Date/Time of Death: 07/14/98 16:30 Date/Time of Autopsy: 07/15/98 10:30  
 Pathologist/Resident: ADEGBOYEGBA/SYED Service: OUTSIDE TDCJ  
 Restriction: NONE

**FINAL AUTOPSY DIAGNOSIS**

- |  |    |
|--|----|
| I. Body as a whole: Probable hyperthermia (heat exposure). | C2 |
| A. Whole body: Terminal Episode of seizure.                | A1 |
| 1. Tongue: Bite marks with subjacent hematoma.             | A4 |
| 2. Gastrointestinal tract: Fecal incontinence.             | A4 |
| 3. Scalp, left temporal region: Subcutaneous hematomas.    | A4 |
| II. Other findings:  |    |
| A. Liver: Passive congestion.                              | A5 |
| B. Spleen: Congestion.                                     | A5 |
| C. Lungs, bilateral: Passive congestion.                   | A5 |
| D. Kidneys: Horse-shoe shaped (congenital anomaly).        | A5 |
| E. Prostate: Nodular hypertrophy.                          | A5 |
| 1. Urinary bladder: Dilatation                             | A5 |

9/17/98 COPIED  
 AND MAILED *AR*

① J.A. Williams  
 ① Doc  
 ① JTB

**\*\*\*TYPE: Anatomic(A) or Clinical(C) Diagnosis.**  
**IMPORTANCE: 1-immediate cause of death (COD); 2-underlying COD;**  
**3-contributory COD; 4-concomitant, significant; 5-incidental\*\*\***

Patient Name: LOPEZ, ANSELMO  
 Patient Location: AUTOPSY  
 Room/Bed: .  
 Printed Date/Time: 09/01/98 - 1351

Page: 1

Continued....

MMI W

2-11-70 11:17AM TDCJ-10 MEDICAL WAGE

11 2

Patient Account: 20002537-770  
Med. Rec. No.: (0150)9011172  
Patient Name: LOPEZ, ANSELMO  
Age: 41 YRS DOB: 04/07/57 Sex: M Race: S  
Admitting Dr.:  
Attending Dr.: AUTOPSY SERVICE  
Date / Time Admitted: 07/14/98 2041  
Copies to:

**UTMB**  
**University of Texas Medical Branch**  
Galveston, Texas 77555-0563  
(409) 772-1236  
Fax (409) 772-5683  
**Pathology Report**



Autopsy Office (409) 772-2858

Autopsy No.: AU-88-00236

**CLINICAL SUMMARY:**

The decedent was a 41-year-old TDCJ inmate, who was found dead in his cell, at 4:00 p.m. on 07/14/98. He was found lying on the left side, with frothy blood in the nostrils. No evidence of struggle or external injury was found. His previous medical history was not known. A complete autopsy was performed approximately 20 hours after his death.

SS / EJ  
07/15/98

Patient Name: LOPEZ, ANSELMO  
Patient Location: AUTOPSY  
Room/Bed: .  
Printed Date / Time: 09/01/98 - 1351

Page: 2

Continued....

SENT BY:

: 2-68-70 11:18PM TDCJ-ID MEDICAL WHE-

: # 4

Patient Account: 20002537-770  
 Med. Rec. No.: (0150)9011172  
 Patient Name: LOPEZ, ANSELMO  
 Age: 41 YRS DOB: 04/07/57 Sex: M Race: S  
 Admitting Dr.:  
 Attending Dr.: AUTOPSY SERVICE  
 Date / Time Admitted: 07/14/98 2041  
 Copies to:

**UTMB**  
**University of Texas Medical Branch**  
 Galveston, Texas 77555-0543  
 (409) 772-1238  
 Fax (409) 772-5883  
**Pathology Report**



Autopsy Office (409)772-2858

Autopsy No.: AU-98-00236

**GROSS DESCRIPTION:**

**EXTERNAL EXAMINATION:** The body is that of a middle-aged Hispanic male, who is well nourished and well developed, measuring 168cm. in length and 60kg. in weight. There is rigor mortis present in the extremities and there is fixed dependent lividity on the left. The head is normocephalic with short, black and scalp hair. The irides are brown with equal pupils measuring 6 mm in diameter. The nares are patent with frothy blood oozing. Teeth are normal, buccal membranes are normal, have blood in it, and do not have any lesions. There is normal male pattern of hair distribution. The chest is normal shaped. The abdomen is scaphoid. The genitalia are those of a normal uncircumcised male. There are multiple tattoos. One consist of an Indian female face, present on the right upper chest, right forearm inner aspect has a cobra tattoo, left forearm has a love sign tattoo. There are old needle marks in both antecubital fossa. The legs were inverted. There are also multiple scars on the right hand two of them over the elbow and two over the right hand posterior aspect. Fecal matter is present over the anal region.

**INTERNAL EXAMINATION:** The body is opened using a standard Y incision and reveals 5 cm thick panniculus and the thoracic and abdominal organs are in the normal anatomic positions. The left pleural cavity contains 60ml of serosanguinous fluid, the right pleural cavity contains 40ml of sero-sanguinous fluid. Both the lungs are dark red-brown. The pericardial sac contains 20ml of serosanguinous fluid. The thymus is not identified. No thromboemboli are found within the large pulmonary arteries. The abdominal cavity contains no fluid. There are no adhesions between loops of bowel. There are multiple subcutaneous hematomas ranging from 0.5 to 6cm in largest diameter over the left temporal area.

**CARDIOVASCULAR SYSTEM:** Heart: The heart weighs 330gm. It is normal in size and shape. The pericardium is smooth, glistening and translucent. Fresh sections stained with TTC show no acute lesions. The remaining myocardium is homogeneous red-brown. The endocardium is smooth, glistening and translucent. The left ventricular wall is 1.3 cm thick at the junction of the posterior papillary muscle and free wall and the right ventricle wall is 0.4 cm thick, 2cm below the pulmonic valve annulus anteriorly. The valve leaflets and cusps are white, delicate and membranous. Valve circumference measured on the fresh heart are tricuspid valve 12.8cm, pulmonic valve 8.5cm, mitral valve 9.5cm, and aortic valve 8cm. The foramen ovale is closed.

**Blood Vessels:** The coronary circulation is right dominant. The apex is supplied by the posterior descending coronary artery. The left main coronary artery has mild atherosclerosis with about 10% stenosis of the lumen. The aorta is not atherosclerotic. The celiac, superior and inferior mesenteric arteries are normal. The superior and inferior vena cavae and their branches are normal in configuration with no external compression and are not distended with blood.

Patient Name: LOPEZ, ANSELMO  
 Patient Location: AUTOPSY  
 Room/Bed: -  
 Printed Date / Time: 09/01/98 - 1351

Page: 3

Continued....



SENT BY:

: 2-28-70 11:19PM TDCJ-ID MEDICAL WHSE-

# 5

Patient Account: 20002537-770  
 Med. Rec. No.: (0180)9011172  
 Patient Name: LOPEZ, ANSELMO  
 Age: 41 YRS DOB: 04/07/57 Sex: M Race: S  
 Admitting Dr.:  
 Attending Dr.: AUTOPSY SERVICE  
 Date / Time Admitted: 07/14/98 2041  
 Copies to:

**UTMB**  
**University of Texas Medical Branch**  
 Galveston, Texas 77555-0843  
 (409) 772-1238  
 Fax (409) 772-5683  
**Pathology Report**



Autopsy Office (409) 772-2858

Autopsy No.: AU-98-00236

**GROSS DESCRIPTION:**

**RESPIRATORY SYSTEM:** Larynx and Trachea: The laryngeal mucosa is smooth, glistening and mildly congested and the vocal cords are unremarkable. There are no foreign materials in the larynx or trachea. The tracheal mucosa is pink, smooth and glistening.

**Lungs:** The combined weight of the lungs is 1350gm. Both lungs are dissected fresh without infiltration with formalin solution. No areas of consolidation or cavitation was seen. There were no emphysematous changes. The lungs cuts with a non-gritty sensation. Hilar dissection reveals the bronchial and pulmonary trees to be of normal configuration, and without lesions. The hilar nodes are not significantly enlarged.

**GASTROINTESTINAL TRACT:** Esophagus: The esophageal mucosa is tan-white, smooth. The esophagus is firmly anchored to the diaphragm.

**Tongue:** The tongue is removed and shows a finely granular surface with no coating. One-quarter has multiple bite marks with a subjacent 1 cm hematoma at the tip of the tongue.

**Stomach and duodenum:** The stomach contains grayish-white fluid with no food particles. The wall displays normal rugae and the mucosa is tan and smooth without lesions. The duodenum has a tan, glistening mucosa with a normal plical pattern without lesions. The duodenal mucosa is also unremarkable. The pancreas has a normal configuration of the head and tail. It is gray, lobulated, firm and unremarkable. The pancreatic duct was patent.

**Biliary tract:** The gallbladder is present. The gallbladder serosa is gray-green and glistening. The gallbladder has no stones. The mucosa is green and velvety. The wall measures up to 2mm in thickness and unremarkable. The cystic duct, hepatic duct and common duct are patent and bile is expressed freely.

**Liver:** The liver weighs 1350gm. The Glisson's capsule is tan, shiny and smooth. The cut surface has a homogenous lobular pattern, cuts with ease and has evidence of passive congestion. The surface is red-brown, smooth and firm, and displays normal architecture.

**Small bowel:** The serosa is smooth, translucent with no adhesions. The bowel is not dilated. The bowel wall measures 2-3mm thick. The mucosa is tan and glistening with normal plications. The bowel wall reveals no gross lesions.

**Large bowel:** The serosa is smooth, translucent with no adhesions. The bowel wall measures 2-3 mm thick. The mucosa is tan, glistening and has no lesions. The appendix is present and is not obstructed.

**Rectum and anus:** No lesions are noted and no abnormalities of the anal opening are present.

**RETICULOENDOTHELIAL SYSTEM:** The spleen weighs 190gm and the capsule is gray-blue, smooth without capsular fibrosis or infarcts. The spleen is soft and cut surface oozes blood. The parenchyma is dark red and smooth. The white pulp cannot be seen because of softness and dark red coloration. Granulomae

Patient Name: LOPEZ, ANSELMO  
 Patient Location: AUTOPSY  
 Room/Bed: -  
 Printed Date / Time: 09/01/98 - 1351

Page: 4

Continued....

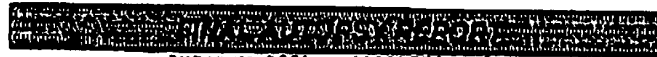
SENT BY:

: 2-8-70 :11:20PM :TDCJ-ID MEDICAL WMSE-

: 8 6

Patient Account: 00001531-1110  
 Med. Rec. No.: (0150)0011172  
 Patient Name: LOPEZ, ANSELMO  
 Age: 41 YRS DOB: 06/07/57 Sex: M Race: S  
 Admitting Dr.:  
 Attending Dr.: AUTOPSY SERVICE  
 Date / Time Admitted: 07/16/98 7041  
 Copies to:

**UTMB**  
**University of Texas Medical Branch**  
 Galveston, Texas 77558-0543  
 (409) 772-1238  
 Fax (409) 772-5863  
**Pathology Report**



Autopsy Office (409)772-2659

Autopsy No.: AU-88-00238

**GROSS DESCRIPTION:**

are not present.

**Lymph nodes:** The lymph nodes in the mediastinum are black and soft. Other lymph nodes in the abdomen and retroperitoneum are unremarkable. The cut surface has no lesions.

**Bone marrow:** The rib bone marrow samples show apparently normal bone marrow. The lumbar marrow trabeculae and cortical bone are unremarkable.

**GENITO-URINARY SYSTEM:** **Kidneys:** There is congenital anomaly of the kidneys, called as horse-shoe kidney, with the lower poles being united. The right kidney has two accessory arteries. Both kidneys have normal external and cut surfaces. The cortex varies from 0.5 to 0.6cm in thickness, the medulla varies from 0.8 to 1.2cm in thickness. The renal pelvic mucosa is white, smooth and glistening with occasional fatty deposits. Perihilar adipose tissue is adequate. Weighs 370gm. The capsule strips with ease. The pelvi-calyceal system has minimal fat deposits.

**Ureters:** The ureters are unobstructed, measure 0.3 to 0.4 cm in maximal external diameter in the upper third with a tan, smooth, glistening mucosa. No periurethral fibrosis is noted. The distal ureters are probe patent into the bladder. The ureteral wall is 1mm thick.

**Bladder:** The bladder is not dilated and contains approximately 20ml of urine. The bladder wall is moderately trabeculated, with a thickness of 0.3-0.5cm. The mucosa is tan-white, smooth and glistening with occasional petechial hemorrhages. A post trigonal pouch is not present. The trigone appears unremarkable.

**Prostate:** It is white-tan, firm and smooth. The cut surface has a rather nodular architecture. The seminal vesicles are unremarkable.

**Testes:** The tunica albuginea is tan-white and glistening. The cut surface reveals a soft, tan-yellow parenchyma with tubules which string with ease.

**ENDOCRINE SYSTEM:** **Thyroid:** weighs 13.2 gm and is red-brown, lobulated and glistening. The cut surface is homogenous, translucent and red-brown.

**Adrenals:** The adrenals have a normal configuration and position. Cut surface reveals a 2mm thick soft golden yellow cortex and gray soft medulla.

**BRAIN AND SPINAL CORD:** The brain weighs 1500gm. The gyri and sulci display a normal pattern without edema or atrophy. The meninges are normal. There is no evidence of injury or trauma. The circle of Willis, basilar and vertebral arteries show no evidence of atherosclerosis. No indentation of the cingulate gyri, uncus or molding of the cerebellar tonsils are noted. On serial sectioning (in the fresh state) no gross abnormalities are detected. The spinal cord was not removed.

**PITUITARY GLAND:** No gross abnormalities detected.

Patient Name: LOPEZ, ANSELMO  
 Patient Location: AUTOPSY  
 Room/Bed: -  
 Printed Date / Time: 09/02/98 - 1351

Page: 3

Continued....

SENT BY:

2-68-70 11:20PM TDCJ-ID MEDICAL WMSH

1# 7

Patient Account: 20002537-770  
Med. Rec. No.: (0150)9011172  
Patient Name: LOPEZ, ANSELMO  
Age: 41 YRS DOB: 04/07/57 Sex: M Race: C  
Admitting Dr.:  
Attending Dr.: AUTOPSY SERVICE  
Date/Time Admitted: 07/14/98 2041  
Copies to:

**UTMB**  
University of Texas Medical Branch  
Galveston, Texas 77555-0547  
(409) 772-1238  
Fax (409) 772-5683  
**Pathology Report**



Autopsy Office (409) 772-2858

Autopsy No.: AU-98-00238

**GROSS DESCRIPTION:**

During the autopsy blood, stomach contents, vitreous humor and urine were retained for potential examinations.

SS /AV  
07/21/98

Patient Name: LOPEZ, ANSELMO  
Patient Location: AUTOPSY  
Room/Bed: -  
Printed Date / Time: 09/01/98 - 1331

Page: 6



SENT BY:

: 2-28-70 :11:21PM :TDCJ-ID MEDICAL WHSE+

: # 8

Patient Account: 20002537-770  
 Med. Rec. No.: (0150)9011172  
 Patient Name: LOPEZ, ANSELMO  
 Age: 41 YRS DOB: 04/07/57 Sex: M Race: W  
 Admitting Dr.:  
 Attending Dr.: AUTOPSY SERVICE  
 Date / Time Admitted: 07/14/98 2041  
 Copies to:

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 Galveston, Texas 77555-0549  
 (409) 772-1238  
 Fax (409) 772-5683  
**Pathology Report**



Autopsy Office (409) 772-2858

Autopsy No.: AU-98-00235

**MICROSCOPIC DESCRIPTION:**

**SPLEEN, Slide 1 (1 H&E):** Autolysis, most prominent in the red pulp. Occasional neutrophils are also seen within the red pulp. The white pulps are essentially within normal limits.

**LIVER, Slide 4 (1 H&E):** Mild steatosis otherwise no pathologic change.

**HEART, LEFT VENTRICLE, Slide 3A (1 H&E):** Focal subendocardial hyperesinophilia and waviness of the myocytes. There is also occasional hypertrophy of the myocardial fibers as evidenced by enlarged box-car nuclei.

**TRACHEA, Slide 4A (1 H&E):** Autolysis, otherwise no significant abnormalities detected.

**LUNGS, RIGHT LOWER LOBE AND LEFT LOWER LOBE, Slides 5A & 6A (2 H&E):** There is acute pulmonary congestion as evidence by prominent presence of red blood cells in the interstitial spaces and the pulmonary vessels are dilated by blood. The wall of the vessels do not show evidence of chronic congestion. There is autolysis with postmortem microbial overgrowth (fungal hyphae).

**ESOPHAGUS, Slide 7A (1 H&E):** No pathologic changes.

**PROSTATE, Slide 8A (1 H&E):** Glandular hyperplasia. Autolysis is also noted.

**SMALL BOWEL, ILLUM, Slide 9A (1 H&E):** Marked mucosal autolysis, otherwise no pathologic changes.

**KIDNEY, Slide 10A (1 H&E):** Autolysis with postmortem microbial (fungal) overgrowth, otherwise no significant abnormalities detected.

**SKELETAL MUSCLE, PECTORALIS MAJOR, Slide 11A (1 H&E):** No significant abnormalities detected.

**LABORATORY TESTS:****1. Vitreous humor electrolytes:**

- a. Na = 141 mmol/L
- b. K = 9.5 mmol/L
- c. Cl = 120 mmol/L
- d. Glucose = 47 mg/mL
- e. Urea = 22 mg/dL
- f. Creatinine = 1.0 mg/dL
- g. CO2 = 5 mmol/L

**2. Urine drug screen.**

- a. Drugs of abuse: Negative.
- b. Acetaminophine: Negative.

Patient Name: LOPEZ, ANSELMO  
 Patient Location: AUTOPSY  
 Room/Bed: -  
 Printed Date / Time: 09/01/98 - 1351

Page: 7

Continued

JENI DT

: 2-CH-70 :11:22PM :TDCJ-ID MEDICAL WHSE-

:# 9

Patient Account: 20002537-770  
Med. Rec. No.: (0150)9011172  
Patient Name: LOPEZ, ANSELMO  
Age: 41 YRS DOB: 04/07/57 Sex: M Race: S  
Admitting Dr.:  
Attending Dr.: AUTOPSY SERVICE  
Date / Time Admitted: 07/14/98 2041  
Copies to:

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(409) 772-1238  
Fax (409) 772-2000  
**Pathology Report**



Autopsy Office (409)772-2858

Autopsy No.: AU-98-00236

**MICROSCOPIC DESCRIPTION:**

- c. Tricyclic antidepressants: Negative.
- 3. Blood drug screen.
  - a. Blood alcohol: Negative.
  - b. Blood salicylate: Negative.
- 4. Blood phenytoin level: Negative

SS /EJ  
08/03/98

Patient Name: LOPEZ, ANSELMO  
Patient Location: AUTOPSY  
Room/Bed: .  
Printed Date / Time: 09/01/98 - 1351

Page: 8

Continued....

JCH: 01

2-68-70 11:22PM TDCJ-ID MEDICAL WHSE-

: #10

Patient Account: 20002537-770  
 Med. Rec. No.: (0150)0011172  
 Patient Name: LOPEZ, ANSELMO  
 Age: 41 YRS DOB: 04/07/57 Sex: M Race: G  
 Admitting Dr.:  
 Attending Dr.: AUTOPSY SERVICE  
 Date / Time Admitted: 07/14/98 2041  
 Copies to:

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 Galveston, Texas 77555-0543  
 (409) 772-1238  
 Fax (409) 772-5683  
**Pathology Report**



Autopsy Office (409)772-2858

Autopsy No.: AU-98-00238

**CLINICOPATHOLOGIC CORRELATION:**

The decedent was a 41 year old, hispanic TDCJ male inmate, who was found dead in his cell on 7/14/98. He was found lying on the left side, with frothy blood in his nostrils. No evidence of struggle or external injury was found. His previous medical history was not known. Autopsy revealed subcutaneous hematoma in the scalp and bite marks on the tongue with a subjacent hematoma. No additional evidence of trauma or injury was found. Fecal incontinence was also present. These findings are consistent with death secondary to a seizure disorder. Since the past medical history of this patient is not known, and also, considering the absence of evidence for anticonvulsant medications in the patient's blood, a diagnosis of epilepsy can not be made. Moreover, seizure can occur as a terminal event in other entities including alcoholism, brain tumors, drugs, infections, metabolic or idiopathic disorders.

One of the metabolic causes of seizures is hyperthermia which can occur with environmental heat exposure, malignant hyperthermia or drugs especially cocaine or phencyclidine intoxication. No evidence of drug abuse or intoxication was found in this patient. However, there was a history of exposure to high environmental temperatures. Consequences of heat stroke include dehydration, hypovolemic shock, cardiac arrhythmias, seizures and circulatory collapse.

Death associated with epilepsy or seizure disorders usually occur suddenly and unexpectedly and so the affected individuals are therefore found dead in their beds. The mechanism of death is most probably due to cardiac arrhythmias precipitated by the disorganized neural (autonomic) discharges of a seizure. Ironically, in majority of cases, as it also occurred in this case, no lesions to explain the etiology of the seizure disorder is found at autopsy.

In summary, this 41 year old hispanic male with history of exposure to high environmental temperatures, died following an episode of seizure - probably related to hyperthermia.

SS /da  
 08/05/98

PATRICK ADEGBOYECA, M.D., PATHOLOGIST  
 SALAHUDDIN SYED, M.D.  
 08/31/98

(Electronic Signature)

Patient Name: LOPEZ, ANSELMO  
 Patient Location: AUTOPSY  
 Room/Bed: -  
 Printed Date / Time: 09/01/98 - 1352

Page: 9

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF TEXAS  
HOUSTON DIVISION

STEPHEN McCOLLUM, and SANDRA §  
 McCOLLUM, individually, and STEPHANIE §  
 KINGREY, individually and as independent §  
 administrator of the Estate of LARRY GENE §  
 McCOLLUM, §

PLAINTIFFS

V.

CIVIL ACTION NO.

4:14-cv-3253

## JURY DEMAND

BRAD LIVINGSTON, JEFF PRINGLE, §  
RICHARD CLARK, KAREN TATE, §  
SANDREA SANDERS, ROBERT EASON, the §  
UNIVERSITY OF TEXAS MEDICAL §  
BRANCH and the TEXAS DEPARTMENT OF §  
CRIMINAL JUSTICE. §

DEFENDANTS

## Plaintiffs' Consolidated Summary Judgment Response Appendix

# EXHIBIT 4

Patient Account: 20002582-515  
Med. Rec. No.: (0150)9011228  
Patient Name: **MOORE, JAMES**  
Age: 47 YRS DOB: 11/20/50 Sex: M Race: B  
Admitting Dr.:  
Attending Dr.: OUTSIDE TDCJ  
Date / Time Admitted: 07/30/98 1531  
Copies to:

**UTM**  
**University of Texas Medical Branch**  
Galveston, Texas 77555-05  
(409) 772-12  
Fax (409) 772-564  
**Pathology Report**

# 573468

**FINAL AUTOPSY REPORT**  
Autopsy Office (409) 772-2858

Autopsy No.: AU-98-00263

**AUTOPSY INFORMATION:**

Occupation: INMATE Birthplace: UNKNOWN Residence: UNKNOWN  
Date/Time of Death: 06:15 07/30/98 Date/Time of Autopsy: 7/30/98 9:45  
Pathologist: PENCIL/RAMPY Service: OUTSIDE TDCJ  
Restriction: NONE

**FINAL AUTOPSY DIAGNOSIS**

- I. Body as a whole: Hyperthermia (due to high environmental temperature). A2  
A. Lungs: Severe pulmonary edema and hemorrhage (1850 gm). A1
- II. Other findings:
- A. Heart: Hypertrophy (450 gm) with left ventricular hypertrophy and dilatation. A4
- B. Colon: Redundancy (180 cm length, normal 150 cm). A5
- C. Liver: Chronic active hepatitis, hepatitis B surface Ag is negative. A5

**CAUSE OF DEATH:** Hyperthermia  
**MANNER OF DEATH:** Accident

7/15/98 COPIED  
NL YAILED LR  
① AL. LUTHER  
② MC  
③ JN

For Aca

\*\*\*TYPE: Anatomic(A) or Clinical(C) Diagnosis.  
IMPORTANCE: 1-immediate cause of death (COD); 2-underlying COD;  
3-contributory COD; 4-concomitant, significant; 5-incidental\*\*\*

Patient Name: **MOORE, JAMES**  
Patient Location: **AUTOPSY**  
Room/Bed: -  
Printed Date / Time: 09/21/98 - 1135

Continued....

Page: 1

Patient Account: 20002582-535  
Med. Rec. No.: (0150)9011228  
Patient Name: **MOORE, JAMES**  
Age: 47 YRS DOB: 11/20/50 Sex: M Race: B  
Admitting Dr.:  
Attending Dr.: OUTSIDE TDCJ  
Date / Time Admitted: 07/30/98 1531  
Copies to:

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University of Texas Medical Branch  
Galveston, Texas 77555-05  
(409) 772-12  
Fax (409) 772-56  
Pathology Report

**FINAL AUTOPSY REPORT**

Autopsy Office (409) 772-2858

Autopsy No.: AU-98-00263

**CLINICAL SUMMARY:**

The deceased was a 47 year old black male TDCJ inmate with past medical history of hypertension and paranoid schizophrenia. His medications included Haloperidol, cogentin, atenolol, hydrochlorothiazide. The subject was known to have an acute syncopal-like episode on 07/25/98 with a coincident fever of 104.1. He was treated for hyperthermia/dehydration with ice and IV saline and keflex in case of an infectious component. The temperature then fell from 104 to 101 F. For the few days immediately following this episode, he continued to maintain low grade fever and was treated with an additional antibiotics for rhinopharyngitis. On 07/30/98 at 0610, the patient was found supine on the floor of his cell unresponsive without pulse or respirations and with rigor. The temperature in the cell at the time he was found was in the 80's F. He was pronounced dead at 0615. An autopsy was performed 28 hours later.

SP /EJ  
08/17/98

Patient Name: **MOORE, JAMES**  
Patient Location: **AUTOPSY**  
Room/Bed: -  
Printed Date / Time: 09/21/98 - 1135



Patient Account: 20002532-515  
Med. Rec. No.: (0150)9011228  
Patient Name: MOORE, JAMES  
Age: 47 YRS DOB: 11/20/50 Sex: M Race: B  
Admitting Dr.:  
Attending Dr.: OUTSIDE TDCJ  
Date / Time Admitted: 07/30/98 1531  
Copies to:

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University of Texas Medical Branch  
Galveston, Texas 77555-054  
(409) 772-123  
Fax (409) 772-568  
Pathology Report

**FINAL AUTOPSY REPORT**

Autopsy Office (409)772-2858

Autopsy No.: AU-98-00263

**GROSS DESCRIPTION:**

**EXTERNAL EXAMINATION:** The body is that of a 47 year old well-nourished, well-developed, black male, measuring 193 cm in length, and weighing approximately 80 kg. There is rigor mortis present in the upper and lower extremities. The head is normocephalic with normal male pattern alopecia distribution of short black with little gray scalp hair as well as a very short black with gray beard. The irides are brown with equal pupils measuring 4 mm in diameter. The nares are patent without exudate. Buccal membranes are pale with no lesions. There is male pattern hair distribution. The chest does not have increased anterior-posterior diameter. The abdomen is flat. Lymph node enlargement is not palpable in the supraclavicular, axillary, or inguinal regions. The extremities are unremarkable, without edema. The genitalia are those of a normal male.

**Incisions/Wounds/Scars**

- A. Chest, anterior, left, costal margin, mid-clavicular line, a small (1 x 1 cm) patch of hyperpigmentation.
- B. Skin, dry, especially bilateral lower extremities have evidence of desquamation.
- C. Eyes, bilateral, conjunctivae, bulbar, few petechiae.

**INTERNAL EXAMINATION:** The body is opened using a standard Y-shaped incision and reveals a 4 cm thick panniculus, and the thoracic and abdominal organs in the normal anatomic positions, with exception of a redundant length of colon situated anteriorly without evidence of infarct or other lesion. The pleural cavities are free from fluid. There are not pleural adhesions on either side. The pericardial sac is free from fluid. There are no rib fractures. The thymus is not identified. No thromboemboli are found within the large pulmonary arteries. The abdominal cavity contains no fluid. There are no adhesions between loops of bowel.

**CARDIOVASCULAR SYSTEM:** Heart: The heart weighs 450 gm with normal shape and appearance. The pericardium is smooth glistening with normal color and texture. Fresh sections stained with triphenyl tetrazolium chloride (TTC) show no apparent lesions. The remaining myocardium is homogeneous red-brown with no lesions. The endocardium is yellow-tan and smooth. The left ventricular wall is 1.5 cm thick at the junction of the posterior papillary muscle and free wall, and the right ventricle is 0.3 cm thick 2 cm below the pulmonic valve annulus, anteriorly. The valve leaflets and cusps are white, delicate and membranous. Valve circumferences measured on the fresh heart are: tricuspid valve 12.5 cm, pulmonic valve 8.3 cm, mitral valve 10.8 cm, and aortic valve 7.6 cm. The foramen ovale is closed.

**Blood Vessels:** The coronary circulation is right dominant. The apex is supplied by the anterior descending coronary artery. The coronary arteries reveal very mild atherosclerotic plaques with less than 20% stenosis of the

Patient Name: MOORE, JAMES  
Patient Location: AUTOPSY  
Room/Bed: .  
Printed Date / Time: 09/21/98 - 1135

Continued....

Page: 3

Patient Account: 20002582-535  
Med. Rec. No.: (0150)9011228  
Patient Name: MOORE, JAMES  
Age: 47 YRS DOB: 11/20/50 Sex: M Race: B  
Admitting Dr.:  
Attending Dr.: OUTSIDE TDCJ  
Date / Time Admitted: 07/30/98 1531  
Copies to:

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University of Texas Medical Branch  
Galveston, Texas 77555-05  
(409) 772-12  
Fax (409) 772-561  
Pathology Report

**FINAL AUTOPSY REPORT**

Autopsy Office (409)772-2858

Autopsy No.: AU-98-00263

**GROSS DESCRIPTION:**

right and left coronary arteries across their extent. The aorta exhibits very mild degree of atherosclerotic changes located within the abdominal portion. The superior and inferior vena cavae and their branches are normal in configuration without external compression and are not distended with blood.

**RESPIRATORY SYSTEM:** Larynx and trachea: The laryngeal mucosa is tan-pink and the vocal cords are unremarkable. The tracheal mucosa is yellow-tan.

Lungs: The combined weight of the lungs is 1850 gm (normal male 435 gm right and 385 gm left). Patchy, geographic pattern of dark red to brown observed grossly in situ bilaterally. The pleural surfaces are smooth with no adhesions. Both lungs were examined fresh before sectioning. Hilar dissection reveals the bronchial and pulmonary trees to be of normal configuration and without lesions. The hilar nodes are unremarkable. The lung parenchyma is frankly hemorrhagic throughout, crepitant to palpation, with no evidence of consolidation.

**GASTROINTESTINAL TRACT:** Esophagus: The esophageal mucosa is tan-pink. The esophagus is firmly anchored to the diaphragm.

Tongue: The tongue is removed and shows a finely granular surface with no coating or lesions.

Stomach and Duodenum: The stomach contains 100 ml of chyme which is tan, viscous, with foodstuff. The wall displays normal rugae and the mucosa is tan and without lesions. The duodenum has a tan, glistening mucosa with a normal plical pattern without lesions.

Pancreas: The pancreas has a normal conformation of head, and tail. It is tan-yellow, lobulated and soft. The pancreatic duct is patent. The pancreas cuts without a gritty sensation.

Biliary Tract: The gallbladder is present. The gallbladder serosa is grey-green and glistening. The gallbladder contains 10 ml of viscous greenish bile without stones. The mucosa is green, velvety and measures up to 2 mm in thickness and is unremarkable. The cystic duct, hepatic duct, and common duct are patent.

Liver: The liver weighs 1350 gm. Glisson's capsule is tan-gray and glistening. The cut surface has a homogeneous lobular pattern and cuts with ease. The surface is smooth and displays normal architecture.

Small Bowel: The serosa is smooth with no adhesions. The mucosa is tan and glistening with normal plications. The bowel wall reveals no gross lesions.

Large Bowel: The serosa is smooth, tan, and glistening. No diverticula were present. The appendix is present and is not obstructed. A redundancy of the large bowel, sigmoid region, results in a total length of 180 cm (normal 150 cm) without adhesions, infarcts, or other lesions.

Rectum and Anus: No lesions are noted and no abnormalities of the anal opening are present.

Patient Name: MOORE, JAMES  
Patient Location: AUTOPSY  
Room/Bed: .  
Printed Date / Time: 09/21/98 - 1135

Page:

Continued....



Patient Account: 20002582-535  
Med. Rec. No.: (0150)9011228  
Patient Name: MOORE, JAMES  
Age: 47 YRS DOB: 11/20/50 Sex: M Race: B  
Admitting Dr.:  
Attending Dr.: OUTSIDE TDCJ  
Date / Time Admitted: 07/30/98 1531  
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Pathology Repo

**FINAL AUTOPSY REPORT**

Autopsy Office (409)772-2858

Autopsy No.: AU-98-00263

**GROSS DESCRIPTION:**

**RETICULO-ENDOTHELIAL SYSTEM:** Spleen: The spleen weighs 150 gm, and the capsule is gray-blue and translucent without capsular fibrosis. The spleen is semi-liquid and the cut surface oozes blood. The parenchyma is blue-red with unapparent white pulp. Granulomas are not present.

**Lymph Nodes:** Lymph nodes in the mediastinum, abdomen and retroperitoneum are unremarkable.

**GENITO-URINARY SYSTEM:** Kidneys: The right kidney weighs 140 gm, and the left 120 gm. The capsules strip with ease to reveal red smooth cortical surfaces. The cut surface of the kidneys reveal well-demarcated cortico-medullary junctions. The renal pelvic mucosa is otherwise yellow-tan and smooth without lesions.

**Ureters:** The ureters are unobstructed with a tan, smooth glistening mucosa. No periurethral fibrosis is noted. The distal ureters are probe patent into the bladder.

**Bladder:** The bladder is not dilated, and contains less than 30 ml of urine. The mucosa is white-tan, smooth and glistening without evidence of trabeculation.

**Prostate:** The prostate is white and firm. The cut surface reveals normal, granular surface without distinct architecture.

**Testes:** The right testis weighs 23 gm, and the left 21 gm. The tunica albuginea is tan-white and glistening.

**ENDOCRINE SYSTEM:** Adrenals: The right adrenal weighs 15.2 gm, and the left 11.7 gm. The adrenals have a normal position. Cut surface reveals firm golden yellow-brown cortices, with gray soft medullae without lesions.

**BRAIN:** The brain weighs 1350 gm. External examination following removal of the dural surface reveals a subdural, right mesioparietal hemorrhage (30 ml). Underlying superficial vein displays a small (5 mm) disruption of the superior wall that is most probably artifactual. The gyri and sulci display a normal age-appropriate pattern. The circle of Willis, basilar and vertebral arteries show no evidence of atherosclerosis. The brain is fixed in formalin for later examination by a neuropathologist (see neuropathology report). No indentation of the cingulate gyri, unci or molding of the cerebellar tonsils are noted.

BAR/AV  
08/11/98

Patient Name: MOORE, JAMES  
Patient Location: AUTOPSY  
Room/Bed: -  
Printed Date / Time: 09/21/98 - 1135

Page: 1

Continued....

Patient Account: 20002592-535  
Med. Rec. No.: (0150)9011228  
Patient Name: MOORE, JAMES  
Age: 47 YRS DOB: 11/30/50 Sex: M Race: B  
Admitting Dr.:  
Attending Dr.: OUTSIDE TDCJ  
Date / Time Admitted: 07/30/98 1531  
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Galveston, Texas 77555-01  
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Fax (409) 772-5611  
Pathology Report

**FINAL AUTOPSY REPORT**

Autopsy Office (409) 772-2858

Autopsy No.: AU-98-00263

**MICROSCOPIC DESCRIPTION:**

HEART, LEFT VENTRICLE, Slide 1, 12 13 and 14 (4 H&E): There is diffuse individual myocyte hypertrophy with associated enlarged nuclei. No other pathologic change.

LUNGS, Slide 2, 3 and 11 (2 H&E, 1 Gram): There is severe pulmonary interstitial congestion and hemorrhage with associated proteinaceous edema which fills much of the alveolar spaces. Scarce bacterial colonization.

LIVER, Slide 4 (1 H&E, 1 Masson, 1 HBsAg): Bridging fibrosis as shown by Masson stain. Significant perivascular lymphocytic aggregates. Chronic, active hepatitis. HBsAG stain is negative.

KIDNEYS, Slide 5 and 6 (1 H&E, 1 PAS): Bilateral, diffuse congestion. Interstitial chronic inflammation. Occasional sclerotic glomeruli.

SPLEEN, Slide 7 (1 H&E): Diffusely congested.

ADRENAL GLAND, Slide 8 (1 H&E): No pathologic change.

ESOPHAGUS, Slide 9 (1 H&E): No pathologic change.

COLON, Slide 9 (1 H&E): Poor mucosal preservation.

SKELTAL MUSCLE, Slide 10 (1 H&E): No pathologic change.

BAR/EJ  
08/27/98

Patient Name: MOORE, JAMES  
Patient Location: AUTOPSY  
Room/Bed: -  
Printed Date / Time: 09/21/98 - 1135

Page: 6

Continued....

Patient Account: 200025a2-535  
Med. Rec. No.: (0150)9011228  
Patient Name: MOORE, JAMES  
Age: 47 YRS DOB: 11/10/50 Sex: M Race: B  
Admitting Dr.:  
Attending Dr.: OUTSIDE TDCJ  
Date / Time Admitted: 07/30/98 1531  
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(409) 772-1238  
Fax (409) 772-5683  
**Pathology Report**

**NEUROPATHOLOGY CONSULTATION**

Neuropath Office (409)772-2881

Autopsy No.: AU-98-00263

**CLINICAL HISTORY:**

The deceased was 47-year-old male with a history of hypertension and schizophrenia.

Date/Time of Death: 07/30/98 06:15 Date/Time of Autopsy: 07/30/98 09:45  
Pathologist: Pencil

**GROSS DESCRIPTION:**

Brain, spinal cord, dura mater and pituitary gland are presented. There is focal atherosclerotic plaque formation and some slight dilation of the basilar artery. No territorial infarcts are present. When sliced there are no abnormalities in the cerebrum, cerebellum, brainstem or spinal cord. Dura mater is not remarkable.

DICTATED BY: BENJAMIN B. GELMAN, M.D., PATHOLOGIST  
08/18/98

**SECTIONS TAKEN:**

N1) Pituitary, N2) Left hippocampus, N3) Left Area 8, N4) Cerebellum

**FINAL DIAGNOSES:**

Brain:  
1. History of heatstroke.  
2. Focal atherosclerosis.

Spinal Cord: No abnormalities.

Pituitary gland: No abnormalities.

BENJAMIN B. GELMAN, M.D., PATHOLOGIST  
Division of Neuropathology  
(Electronic Signature).

Gross: 08/18/98  
Final: 08/21/98

Patient Name: MOORE, JAMES  
Patient Location: AUTOPSY  
Room/Bed: .  
Printed Date / Time: 09/21/98 - 1140

Page: 1

**END OF REPORT**

Patient Account: 20002582-535  
 Med. Rec. No.: (0150)9011228  
 Patient Name: MOORE, JAMES  
 Age: 47 YRS DOB: 11/20/50 Sex: M Race: B  
 Admitting Dr.:  
 Attending Dr.: OUTSIDE TDCJ  
 Date / Time Admitted: 07/30/98 1531  
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**Pathology Report**

### FINAL AUTOPSY REPORT

Autopsy Office (409) 772-2858

Autopsy No.: AU-98-00263

#### CLINICOPATHOLOGIC CORRELATION:

For the several days prior to his demise, the decedent was under medical care for the treatment of an acute febrile illness. Records indicate that the febrile episode was refractory or at least recurrent for this duration and may have been complicated by alterations in mental status. The subject also had a past history of treated hypertension and a medically managed psychiatric illness. There is no indication of the environmental temperature within the prison during the daytime hours, yet in the death note there is mention of ambient temperature of in the 80's around 0600. No perimortem body temperatures were obtained as suggested by medical records. The most striking gross and microscopic discovery of the postmortem examination was the profound diffusely edematous and hemorrhagic lungs. Whereas this feature in isolation is nonspecific and may be associated with a number of etiologies, it is representative of the hemorrhagic presentation observed frequently with heatstroke. Further, there was no infectious or clear cardiovascular explanation of this pulmonary edema, other than the history of hyperthermia. At the exclusion of other sources of mortality, the circumstances pertaining to the death of this subject suggest the cause of death is pulmonary edema and that the nature of the edema is considered heat-related.

The National Association of Medical Examiners Ad Hoc Committee on the Definition of Heat-Related Fatalities has advanced the definition of "heat-related death" as: a death in which exposure to high ambient temperature either caused the death or significantly contributed to it. Moreover, the committee suggests that the diagnosis of heat-related death be found upon a history of exposure to high ambient temperature as well as the coincident exclusion of other causes of hyperthermia. To determine the diagnosis, contributing factors may include the circumstances surrounding the death, information pertaining to environmental temperature, and the antemortem body temperature at the time of collapse. For instances in which the antemortem body temperature at collapse was greater than or equal to 105 degrees Fahrenheit, heat stroke or hyperthermia should be designated as the cause of death. Further, for instances which exhibit lower body temperatures, determinations of death by heat stroke or hyperthermia may apply with convergent indications of mental status changes and elevated liver and muscle enzymes. It is advised that for such cases where the environmental temperature is high and antemortem body temperature cannot be established, an appropriate heat-related diagnosis should be listed as the cause of death or as a significant contributing condition.

Diagnosis of heat-related death for those individuals who are found dead is even more of a challenge than outlined above. Heat-related factors should be considered for deaths in which mortality is associated with exposure to high levels of heat. At autopsy, gross findings are nonspecific yet may include petechial or larger hemorrhages over the body surface, petechial hemorrhages

Patient Name: MOORE, JAMES  
 Patient Location: AUTOPSY  
 Room/Bed: -  
 Printed Date / Time: 09/21/98 - 1135

Page:

Patient Account: 20002582-535  
Med. Rec. No.: (0150)9011228  
Patient Name: **MOORE, JAMES**  
Age: 47 YRS DOB: 11/20/50 Sex: M Race: B  
Admitting Dr.:  
Attending Dr.: OUTSIDE TDCJ  
Date/Time Admitted: 07/30/98 1531  
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Fax (409) 772-5683  
**Pathology Report**

**FINAL AUTOPSY REPORT**

Autopsy Office (409) 772-2858

Autopsy No.: AU-98-00263

**CLINICOPATHOLOGIC CORRELATION:**

upon lung surfaces, as well as pulmonary or cerebral edema. Coagulopathy and widespread hemorrhagic manifestations are routine finding for subjects victim of heatstroke. Whereas the underlying mechanism for this derangement of hemostasis is not yet fully understood, it is believed to have a multifactorial basis.

BAR/EJ  
08/27/98

SCOT D. PENCIL, M.D., PATHOLOGIST  
SCOT D. PENCIL, M.D., PATHOLOGIST  
09/21/98

(Electronic Signature)

Patient Name: **MOORE, JAMES**  
Patient Location: **AUTOPSY**  
Room/Bed: -  
Printed Date/Time: 09/21/98 - 1135

Page:

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF TEXAS  
HOUSTON DIVISION

STEPHEN McCOLLUM, and SANDRA §  
 McCOLLUM, individually, and STEPHANIE §  
 KINGREY, individually and as independent §  
 administrator of the Estate of LARRY GENE §  
 McCOLLUM, §

PLAINTIFFS

V.

CIVIL ACTION NO.

4:14-cv-3253

## JURY DEMAND

BRAD LIVINGSTON, JEFF PRINGLE, §  
RICHARD CLARK, KAREN TATE, §  
SANDREA SANDERS, ROBERT EASON, the §  
UNIVERSITY OF TEXAS MEDICAL §  
BRANCH and the TEXAS DEPARTMENT OF §  
CRIMINAL JUSTICE. §

DEFENDANTS

## Plaintiffs' Consolidated Summary Judgment Response Appendix

# EXHIBIT 5

Patient Account: 20003386-909  
 Med. Rec. No.: (0150)9012314  
 Patient Name: **FINKE JR., CHARLES EDWARD**  
 Age: 38 YRS DOB: 06/24/61 Sex: M Race: C  
 Admitting Dr.: ARONSON MD, JUDITH F  
 Attending Dr.:  
 Date / Time Admitted: 08/09/99 0827  
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**Pathology Report**

### FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-99-00224

#### AUTOPSY INFORMATION:

Occupation: INMATE Birthplace: UNKNOWN Residence: HUNTSVILLE UNIT  
 Date/Time of Death: 08/08/99 12:36 Date/Time of Autopsy: 08/09/99 11:00  
 Pathologist/Resident: ARONSON/HAQ Service: OUTSIDE TDCJ  
 Restriction: NONE

#### FINAL AUTOPSY DIAGNOSIS

- |  |   |
|--|---|
| <p>I. Body as a whole: History of hyperthermia and sudden unexpected death.</p> <p>A. Lungs, bilateral: Congestion, edema, and multifocal hemorrhage</p> <p>B. Heart, epicardium: Multiple petechiae</p> <p>C. Blood: Myoglobinemia, consistent with rhabdomyolysis</p> <p style="padding-left: 20px;">1. Kidneys: Pigmented tubular casts, consistent with acute tubular necrosis</p> <p>D. Brain: Mild edema</p> <p>E. Brain: History of major depressive disorder, treated with phenothiazine and tricyclic antidepressants</p> <p>II. Other findings:</p> <p>A. Testis, right: Seminoma (3 x 2.5 cm)</p> <p>B. Kidney, right: Hydronephrosis, mild</p> | <p>C1</p> <p>A1</p> <p>A3</p> <p>A1</p> <p>A1</p> <p>A2</p> <p>C3</p> <p>A5</p> <p>A5</p> |
|--|---|

CAUSE OF DEATH: Heat stroke  
 MANNER OF DEATH: Accident

\*\*\*TYPE: Anatomic(A) or Clinical(C) Diagnosis.  
 IMPORTANCE: 1-immediate cause of death (COD); 2-underlying COD;  
 3-contributory COD; 4-concomitant, significant; 5-incidental \*\*\*

Patient Name: FINKE JR., CHARLES EDW/  
 Patient Location: AUTOPSY  
 Room/Bed: -  
 Printed Date / Time: 09/21/99 - 0930

Page: 1

Continued....

Plaintiffs' MSJ Appx. 31

11.0

Patient Account: 20003386-909  
Med. Rec. No.: (0150)9012314  
Patient Name: FINKE JR., CHARLES EDWARD  
Age: 38 YRS DOB: 06/24/61 Sex: M Race: C  
Admitting Dr.: ARONSON MD, JUDITH F  
Attending Dr.:  
Date / Time Admitted: 08/09/99 0827  
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**Pathology Report**

**FINAL AUTOPSY REPORT**

Autopsy Office (409) 772-2858

Autopsy No.: AU-99-00224

**CLINICAL SUMMARY:**

The following clinical summary was obtained from TDCJ records and telephone conversation with TDCJ Investigator Mr. Alexander.

Charles Finke was a 38 year old white male, TDCJ inmate with a medical history significant only for depressive disorder. His most recent medication list indicates that he was prescribed Valproic acid, Benztropine, Hydroxyzine, Doxepin, and Chlorpromazine. A medical review prior to his scheduled release from prison on 8/9/99 indicated that he had no complaints. He was reportedly found pulseless and apneic in his cell on 8/8/99 at approximately 12:20 pm. He was allegedly last seen alive at 11:45 am on that same day. At the time of discovery, the skin was mottled, and the arms and jaw had rigor mortis. Resuscitation attempts were made, but the patient could not be revived. He was declared dead at 12:36 on 8/8/99. Axillary temperature after packing with ice was noted to be 106 degrees F. A complete autopsy was performed on 8/9/99, approximately 23 hours after his demise.

LH /EJ  
08/18/99



Patient Account: 20003386-909  
Med. Rec. No.: (0150)9012314  
Patient Name: **FINKE JR., CHARLES EDWARD**  
Age: 38 YRS DOB: 06/24/61 Sex: M Race: C  
Admitting Dr.: ARONSON MD, JUDITH F  
Attending Dr.:  
Date / Time Admitted: 08/09/99 0827  
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**FINAL AUTOPSY REPORT**

Autopsy Office (409) 772-2858

Autopsy No.: AU-99-00224

**GROSS DESCRIPTION:**

**EXTERNAL EXAMINATION:** The body is that of a 38 year old, well nourished, well developed, white male, measuring 187 cm in length, and weighing approximately 95 kg. There is rigor mortis present in the extremities, and there is fixed dependent lividity on the back surface. The skin of the head, neck, arms, and shoulders is purple and mottled. The head is normocephalic with normal, blonde short scalp hair. The irides are brown with equal pupils measuring 3 mm in diameter. The nares are patent with a little brown fluid exudate. The four upper front teeth are missing. Buccal membranes are pale. There is normal male hair distribution with sparse hair over the lower extremities. The chest does not have increased anterior-posterior diameter. The abdomen is flat. Lymph node enlargement is not present in the supraclavicular, axillary or inguinal regions. Multiple petechiae are present on the right arm. There is a small (3 mm) abraded skin lesion on the left shoulder. Otherwise, the extremities are unremarkable. The genitalia are those of a normal uncircumcised male. The spine shows moderate scoliosis. There is no external evidence of significant trauma.

**INTERNAL EXAMINATION:** The body is opened using a standard Y incision and reveals a 4.5 cm thick panniculus, and the thoracic and abdominal organs in the normal anatomic positions. The left pleural cavity contains < 20 ml fluid, the right < 20 ml fluid. There are no pleural adhesions on the right or left sides. The pericardial sac contains 50 ml blood stained clear fluid. The thymus is not identified. No thromboemboli are found within the large pulmonary arteries. The abdominal cavity contains < 50 ml fluid. There are no adhesions between loops of bowel.

**CARDIOVASCULAR SYSTEM: Heart:** The heart weighs 320 gm. The pericardium is smooth, glistening, pale tan with scattered petechial hemorrhages on the epicardial surface. Fresh sections stained with triphenyl tetrazolium chloride (TTC) show no acute ischemic lesions. The remaining myocardium is homogeneous red-brown. The endocardium is slightly congested diffusely. The left ventricle wall is 1.2 cm thick at the junction of the posterior papillary muscle and free wall, and the right ventricle is 0.2 cm thick 2 cm below the pulmonic valve annulus, anteriorly. The valve leaflets and cusps are white, delicate and membranous. Valve circumferences measured on the fresh heart are: tricuspid valve 11.5 cm, pulmonic valve 8.0 cm, mitral valve 11.5 cm, and aortic valve 7.5 cm. The foramen ovale is closed.

**Blood vessels:** The coronary circulation is right dominant. The apex is supplied by the anterior descending coronary artery. The coronary arteries reveal mild atherosclerotic plaques with up to 40% stenosis of the right, and left main located 1 cm from the origin. There is no evidence of hemorrhage within the plaques or thrombosis. The aorta exhibits mild atherosclerotic changes with no ulceration. The celiac, superior and inferior mesenteric, renal and iliac arteries are normal. The superior and inferior vena cavae and

Patient Name: **FINKE JR., CHARLES EDWARD**  
Patient Location: **AUTOPSY**  
Room/Bed: -  
Printed Date / Time: 09/21/99 - 0930

Patient Account: 20003386-909  
Med. Rec. No.: (0150)9012314  
Patient Name: **FINKE JR., CHARLES EDWARD**  
Age: 38 YRS DOB: 06/24/61 Sex: M Race: C  
Admitting Dr.: ARONSON MD, JUDITH F  
Attending Dr.:  
Date / Time Admitted: 08/09/99 0827  
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**Pathology Report**

**FINAL AUTOPSY REPORT**

Autopsy Office (409)772-2858

Autopsy No.: AU-99-00224

**GROSS DESCRIPTION:**

their branches are normal in configuration without external compression and are not distended with blood.

**RESPIRATORY SYSTEM:** Larynx and trachea: The laryngeal mucosa is white-tan and smooth and the vocal cords are unremarkable. The tracheal mucosa is white-tan, smooth and no lesions.

**Lungs:** The weight of the lungs is right 900 gm, left 800 gm. The pleural surfaces are tan-red and smooth. Lividity is dorsal and level of lividity is 50% of lung volume. The right lung is inflated with formalin and left lung is examined fresh before sectioning. Hilar dissection reveals the bronchial and pulmonary arterial trees to be of normal configuration. The bronchial mucosa is diffusely congested and dusky appearing. The hilar lymph nodes are unremarkable. The lung parenchyma is dark red, soft with fine porosity. Scraping the cut surface with a scalpel blade yields scanty foamy fluid. There is a peripheral, slightly firm, 1 cm, indistinct pale lesion in the right middle lobe.

**GASTROINTESTINAL TRACT:** Esophagus: The esophageal mucosa is white-tan and smooth. The esophagus is firmly anchored to the diaphragm.

**Tongue:** The tongue is removed and shows a finely granular surface with no coating.

**Stomach and duodenum:** The stomach contains < 100 ml chyme which is pale brown thick fluid. The wall displays normal rugae and the mucosa is white-tan and soft, without lesions. The duodenum has a tan, glistening mucosa with a normal plical pattern, without lesions.

**Pancreas:** The pancreas has a normal configuration of head and tail. It is gray-pink, lobulated and firm. The pancreatic duct is patent. The pancreas cuts with a gritty sensation.

**Biliary tract:** The gallbladder is present. The gallbladder serosa is gray-green and glistening. The gallbladder contains 50 ml yellow-brown clear bile and no stones. The mucosa is yellow-brown, smooth. The wall is unremarkable. The cystic duct, hepatic duct and common duct are patent, and bile is expressed freely.

**Liver:** The liver weighs 1300 gm. Glisson's capsule is translucent. The cut surface has a homogeneous lobular pattern cuts with ease, and does not ooze blood. The surface is tan-red, firm and display normal architecture except a white lesion, size < 1 cm, firm on the surface of the right lobe.

**Small bowel:** The serosa is smooth, translucent with no adhesions. The mucosa is tan and glistening with normal plications. The bowel wall reveals no gross lesions.

**Large bowel:** The serosa is smooth, translucent with no adhesions. The mucosa is tan, glistening and has no lesions. There are no diverticula or polyps present. The appendix is present and is not obstructed.

**Rectum and anus:** No lesions are noted and no abnormalities of the anal opening are present.

Patient Name: **FINKE JR., CHARLES EDWARD**  
Patient Location: **AUTOPSY**  
Room/Bed: -  
Printed Date / Time: 09/21/99 - 0930

Patient Account: 20003386-909  
Med. Rec. No.: (0150)9012314  
Patient Name: **FINKE JR., CHARLES EDWARD**  
Age: 38 YRS DOB: 06/24/61 Sex: M Race: C  
Admitting Dr.: ARONSON MD, JUDITH F  
Attending Dr.:  
Date / Time Admitted: 08/09/99 0827  
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Autopsy No.: AU-99-00224

**GROSS DESCRIPTION:**

**RETICULO-ENDOTHELIAL SYSTEM:** Spleen: The spleen weighs 170 gm and the capsule is gray-blue, transparent, smooth without capsular fibrosis or infarcts. The spleen is firm and the cut surface oozes blood. The parenchyma is dark red and firm with adequate white pulp.

Lymph nodes: Lymph nodes in the mediastinum, abdomen and retroperitoneum are unremarkable. The cut surface shows normal architecture.

Bone marrow: The thoracic and lumbar spine bone marrow samples show normal red-tan bone marrow. The marrow trabeculae and cortical bone are unremarkable.

**GENITO-URINARY SYSTEM:** Kidneys: The right kidney weighs 130 gm and the left 140 gm. The capsules strip with ease to revealed tan-red, smooth cortical surfaces. The cut surfaces show well demarcated cortico-medullary junctions. The cortex varies from 0.9 to 1 cm in thickness; the medulla varies from 4 to 5 cm thickness. The renal pelvic mucosa is white-tan and smooth. The right renal pelvis is slightly enlarged.

Ureters: The ureters are unobstructed and have a tan, smooth glistening mucosa. No periureteral fibrosis is noted. The distal ureters are probe-patent into the bladder.

Bladder: The bladder is not dilated or contracted, and contains 30 ml clear urine. The mucosa is white, smooth and the bladder wall is unremarkable. A posttrigonal pouch is present. The trigone has a normal conformation.

Prostate: The prostate is white pale, firm. The cut surface reveals normal granular surface without distinct architecture. The seminal vesicles are unremarkable.

Testes: The right testis weighs 44.5 gm and the left 27.7 gm. The tunica albuginea is tan-white and glistening. The cut surface reveals a soft, tan-yellow parenchyma with tubules which string with ease. The right testis is infiltrated with a firm poorly circumscribed, firm white tumor, measuring 3 x 2.5 cm.

**ENDOCRINE SYSTEM:** Thyroid: The thyroid weighs 19.7 gm and is red-brown, bosselated and glistening. The cut surface is homogeneous, translucent and red-brown.

Parathyroids: There are four golden-brown, soft fragments of tissue identified as possible parathyroids.

Adrenals: The right adrenal weighs 15 gm and the left 20 gm. The adrenals have a normal conformation and position. Cut surface reveals a firm golden yellow-brown cortices, with gray soft medullae. The cortical thickness is brown or golden.

**BRAIN AND SPINAL CORD:** The gyri and sulci display a normal pattern with mild edema. The meninges show no hemorrhage. The circle of Willis, basilar and

Patient Name: **FINKE JR., CHARLES EDWARD**  
Patient Location: **AUTOPSY**  
Room/Bed: **-**  
Printed Date / Time: **09/21/99 - 0930**

Patient Account: 20003386-909  
Med. Rec. No.: (0150)9012314  
Patient Name: FINKE JR., CHARLES EDWARD  
Age: 38 YRS DOB: 06/24/61 Sex: M Race: C  
Admitting Dr.: ARONSON MD, JUDITH F  
Attending Dr.:  
Date / Time Admitted: 08/09/99 0827  
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**FINAL AUTOPSY REPORT**

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Autopsy No.: AU-99-00224

**GROSS DESCRIPTION:**

vertebral arteries show mild atherosclerosis. The brain is fixed in formalin for later examination by a neuropathologist (see neuropathology report). No indentation of the cingulate gyri, unci or molding of the cerebellar tonsils are noted.

SPINAL CORD: The spinal cord is not removed.

PITUITARY GLAND: The pituitary gland is removed and is fixed in formalin for subsequent examination by a neuropathologist.

During the autopsy cultures from the blood were taken for bacteria. Blood and vitreous samples were submitted for toxicology and electrolyte tests respectively. Samples of liver, kidney, heart, lung and spleen were frozen for potential further examination.

LH /EJ  
08/10/99

Patient Name: FINKE JR., CHARLES EDWARD  
Patient Location: AUTOPSY  
Room/Bed: -  
Printed Date / Time: 09/21/99 - 0930

Patient Account: 20003386-909  
Med. Rec. No.: (0150)9012314  
Patient Name: **FINKE JR., CHARLES EDWARD**  
Age: 38 YRS DOB: 06/24/61 Sex: M Race: C  
Admitting Dr.: ARONSON MD, JUDITH F  
Attending Dr.:  
Date / Time Admitted: 08/09/99 0827  
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**Pathology Report**

**FINAL AUTOPSY REPORT**

Autopsy Office (409)772-2858

Autopsy No.: AU-99-00224

**MICROSCOPIC DESCRIPTION:**

HEART, Slide 2 (1 H&E): Diffuse interstitial edema and focal mild fibrosis is present. There are a few small hemorrhages in the epicardium.

LUNGS, Slides 4,5, 21-24 (5 H&E): Congestion and hemorrhage in most of the alveoli present. There are increased lymphocytes around pulmonary arteries and bronchi. There are dilated interstitial lymphatic vessels and pulmonary alveolar fluid consistent with pulmonary edema.

KIDNEYS, Slide 7 left, Slide 25 right ( 2 H&E): Severe congestion and scattered petechial hemorrhage present. A few pigmented granular casts present in tubules indicating acute tubular necrosis.

LIVER, Slide 11 (1 H&E): Unremarkable.

TESTIS, Slides 15 & 16 (2 H&E): Clear large and round-to-polyhedral seminoma cells present and divided into poorly demarcated lobules by delicate septa of fibrous tissue. High magnification shows clear cells with distinct cell membranes and lymphocytes infiltrating the septa. Adjacent testicular tissue is compressed, fibrotic, and atrophic.

ESOPHAGUS, Slide 8 (1 H&E): Unremarkable.

STOMACH, Slide 9 (1 H&E) and COLON, Slide 10 (1 H&E): Mucosal autolysis, otherwise unremarkable.

THYROID, Slide 1 (1 H&E) and PARATHYROID, Slide 18 (1 H&E): No pathologic changes.

SPLEEN, Slide 13 (1 H&E): Congestion and adequate white pulp.

PANCREAS, Slide 12 (1 H&E): Autolyzed.

PROSTATE GLAND, Slide 14, (1 H&E): Focal chronic inflammation, otherwise no significant pathology.

ADRENAL GLAND, Slide 6 (1 H&E): Congestion and focal hemorrhage.

**POST-MORTEM LABORATORY TESTS:**

Toxicology:  
Drugs of Abuse Screen:  
Urine Tricyclic Antidepressants Positive

FPIA Screen:

Patient Name: **FINKE JR., CHARLES EDWARD**  
Patient Location: **AUTOPSY**  
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Patient Account: 20003386-909  
Med. Rec. No.: (0150)9012314  
Patient Name: **FINKE JR., CHARLES EDWARD**  
Age: 38 YRS DOB: 06/24/61 Sex: M Race: C  
Admitting Dr.: ARONSON MD, JUDITH F  
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**FINAL AUTOPSY REPORT**

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Autopsy No.: AU-99-00224

**MICROSCOPIC DESCRIPTION:**

Serum valproic acid 28 mcg/ml

**Common Basic Screen:**

Serum Amitriptyline	Negative
Serum Nortriptyline	Negative
Serum Doxepin	Negative
Serum Desipramine	Trace
Serum Imipramine	Negative

**Quantitative Tests:**

Serum alcohol, ethyl	0.01%
Vitreous alcohol, ethyl	Negative

**Vitreous electrolytes:**

Glucose	7 mg/dl
Sodium	134 mEq/L
Potassium	18.5 mEq/L
CO2	14 meq/L

Serum Myoglobin: 409045 ng/ml (reference interval, antemortem <110 ng/ml)

**Cultures:**

Venous blood: Staphylococcus sp., coagulase negative (probably skin contaminant)

LH /EJ  
09/09/99



Patient Account: 20003386-909  
Med. Rec. No.: (0150)9012314  
Patient Name: **FINKE JR., CHARLES EDWARD**  
Age: 38 YRS DOB: 06/24/61 Sex: M Race: C  
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Attending Dr.:  
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**Pathology Report**

**NEUROPATHOLOGY CONSULTATION**

Neuropath Office (409)772-2881

Autopsy No.: AU-99-00224

**CLINICAL HISTORY:**

This was a 38-year-old man TDCJ inmate. He was found unresponsive. The axillary temperature was reported to be 106 degrees F.

Pathologist/Resident: ARONSON/HAO

Service: OUTSIDE TDCJ

**GROSS DESCRIPTION:**

Brain, pachymeninges and pituitary gland are presented. The brain is neither substantially atrophied nor swollen. It is normally formed. There is a hypoplastic posterior communicating artery, but otherwise the circle of Willis is normally formed. Atherosclerosis is minimal. The dura mater does not have any blood or abnormal markings on its surfaces.

When the brain is sliced coronally there are no focal lesions. There is no hemorrhage. There are no territorial infarcts. There is a cavum septum pellucidum.

DICTATED BY: BENJAMIN B. GELMAN, M.D., PATHOLOGIST  
08/27/99

**MICROSCOPIC DESCRIPTION:**

The sections confirm the gross impressions.

**SECTIONS TAKEN:**

B1) pituitary; B2) left frontal; B3) left hippocampus; B4) cerebellar vermis;

**FINAL DIAGNOSES:**

1. BRAIN:
  - No gross abnormalities
2. DURA MATER:
  - No gross abnormalities
3. PITUITARY GLAND:
  - No gross abnormalities

BENJAMIN B. GELMAN, M.D., PATHOLOGIST  
Division of Neuropathology  
(Electronic Signature).

Gross: 08/27/99  
Final: 09/07/99

Patient Name: **FINKE JR., CHARLES EDWARD**  
Patient Location: **AUTOPSY**  
Room/Bed: -  
Printed Date / Time: 09/17/99 - 1601

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**END OF REPORT**  
Plaintiff's MSJ Appx. 39

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Patient Account: 20003386-909  
Med. Rec. No.: (0150)9012314  
Patient Name: **FINKE JR., CHARLES EDWARD**  
Age: 38 YRS DOB: 06/24/61 Sex: M Race: C  
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**FINAL AUTOPSY REPORT**

Autopsy Office (409)772-2858

Autopsy No.: AU-99-00224

**CLINICOPATHOLOGIC CORRELATION:**

This inmate died suddenly and unexpectedly in his prison cell.

Autopsy findings support the clinical impression of heat stroke. Anatomic findings compatible with this diagnosis are pulmonary hemorrhages and epicardial petechiae (fatal heat stroke is associated with disseminated intravascular coagulation), and acute tubular necrosis of the kidneys, with prominent pigmented casts, consistent with myoglobinuria. Post-mortem serum myoglobin levels were extremely elevated, even if post-mortem autolysis is factored in. Together with the renal findings, this suggests that there was significant rhabdomyolysis, a feature of heat stroke (1). Significantly, there was no evidence of clinically important coronary artery disease, or any other potential cause of sudden death. Post-mortem toxicology was negative for drugs of abuse or alcohol, and showed only the presence of small amounts of prescription drugs that were noted in his clinical record. Of note, both phenothiazines and tricyclic antidepressants have been associated with abnormalities of thermoregulation (2), and may have predisposed this otherwise apparently healthy individual to heat stroke. Dehydration, which does not necessarily accompany heatstroke, was ruled out by vitreous electrolyte studies.

Combining the clinical settings of high body temperature, high ambient temperature, pulmonary congestion, hemorrhage and edema, acute tubular necrosis, the evidence of using tricyclic antidepressants and excluding other possible causes of sudden death, we conclude that this individual died of heat stroke. The manner of death is accidental.

**References:**

1. Dematte JE, et al. Near-fatal heat stroke during the 1995 heat wave in Chicago. *Annals of Internal Medicine*, 129:173-181 (1998).
2. Lomax P. and Schonbaum E. The effects of drugs on thermoregulation during exposure to hot environments. *Progress in Brain Research* 115:193-204 (1998).

LH /da  
09/08/99

JUDITH F. ARONSON, M.D., PATHOLOGIST  
LEI HAO, M.D.  
09/20/99

(Electronic Signature)



UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF TEXAS  
HOUSTON DIVISION

STEPHEN McCOLLUM, and SANDRA §  
 McCOLLUM, individually, and STEPHANIE §  
 KINGREY, individually and as independent §  
 administrator of the Estate of LARRY GENE §  
 McCOLLUM, §

PLAINTIFFS

V.

CIVIL ACTION NO.

4:14-cv-3253

## JURY DEMAND

BRAD LIVINGSTON, JEFF PRINGLE, §  
RICHARD CLARK, KAREN TATE, §  
SANDREA SANDERS, ROBERT EASON, the §  
UNIVERSITY OF TEXAS MEDICAL §  
BRANCH and the TEXAS DEPARTMENT OF §  
CRIMINAL JUSTICE. §

DEFENDANTS

## Plaintiffs' Consolidated Summary Judgment Response Appendix

# EXHIBIT 6

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**Texas Tech University Health Sciences Center**  
**Division of Forensic Pathology**  
3601 4th Street, Mail Stop 8122  
Lubbock, Texas 79430-8122  
(806) 743-2158

**AUTOPSY EXAMINATION REPORT**

**Name:** John Wesley Cardwell  
**Approximate Age:** 39 Years  
**Height:** 5 Inches

**Case No:** FA01-0541  
**Sex:** Male  
**Weight:** Pounds  
**Date:** August 6, 2001

**Autopsy Authorized By:** Judge Grady Smith  
Justice of the Peace  
Wichita County, Texas

**CIRCUMSTANCES OF DEATH:** This 39 year old man was incarcerated. He was found unresponsive in his cell. He was diagnosed with heat stroke. He was transported to a hospital where a body temperature of 108.5 F. degrees was recorded on 7-16-01. He remained unresponsive throughout his hospital course. He progressively deteriorated and expired on 8-4-01. He had been transported to this prison facility in the morning of 7-16-01. The National Weather Service recorded a temperature of 103 F at approximately 5PM. The facility had no air conditioning. His skin was hot and dry. In addition, he was prescribed neuroleptic medication for recurrent major depression.

**DIAGNOSES:**

- I. Heat Stroke by clinical history.
  - A. Rhabdomyolysis by clinical history.
  - B. Bronchopneumonia.
  - C. Infarct of prostate.
- II. Mental depression by clinical history.
- III. Chronic alcoholism and drug abuse by clinical history.
  - A. Hepatitis C viral infection by clinical history
  - B. Cirrhosis of the liver.
  - C. Congestive splenomegaly.
- IV. Arteriosclerotic heart disease.

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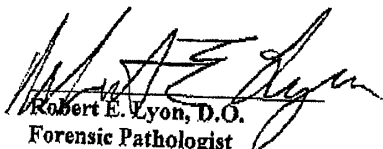
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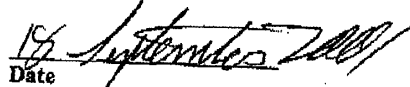
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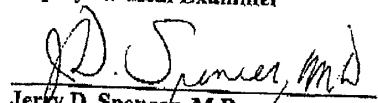
**CAUSE OF DEATH:** Heat Stroke

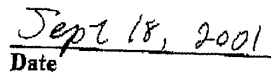
**CONTRIBUTING CAUSE OF DEATH:** Neuroleptic Medication (Risperidone)  
Administered for Mental Depression.

**MANNER OF DEATH:** To be determined by the Justice of the Peace.

  
Robert E. Lyon, D.O.  
Forensic Pathologist  
Deputy Medical Examiner

  
Date

  
Jerry D. Spencer, M.D.  
Lubbock County Medical Examiner

  
Date

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**AUTOPSY REPORT FA01-0541**  
**CARDWELL, John Wesley**

## **AUTOPSY EXAMINATION**

**DATE AND TIME:** August 6, 2001 at 9:10 am.

**EXTERNAL EXAMINATION:** The body is that of a 66 inch, 229.6 pound, well developed, well nourished, white man appearing the stated age of 39 years. Rigor mortis is passing. Lividity is posterior, moderately developed, and partially fixed. The torso is cool.

The scalp hair is 1 inch long, black, and straight. The irides are of indeterminate color. The conjunctivae have numerous petechiae and small hemorrhages. The globes have moderate chemosis. The teeth are natural and in good repair. Facial hair is comprised of a black and gray mustache, and black and gray stubble distributed on the beard region at about 3-5 duration of growth. The left earlobe has been remotely pierced twice. The body has anasarca. The external genitalia are those of a normally developed, circumcised adult male. The anterior superior aspect of the left leg has small red crust. The posterior lateral aspect of the left foot and lateral aspect of the right ankle have occasional, moderate sized, roughly rectangular red-tan cutaneous pressure ulcers penetrating to dermis. The body has jaundice.

### **SCARS:**

1. The posterior aspect of the left forearm has a moderate length vertical oriented linear scar
2. The lateral aspect of the left wrist has a moderate size roughly circular scar.
3. The posterior aspect of the left hand scar has a short thin curvilinear scar.
4. The posterior medial aspect of the right elbow has a horizontally oriented short linear scar.
5. The anterior aspect of the right thigh has an obliquely oriented short linear scar.
6. The left knee has two moderate length, roughly horizontally oriented linear scars. The posterior aspect of the left forearm has a moderate size circular scar.

### **TATTOOS:**

1. The left aspect of the chest has a black tattoo of the name Judy with an asterisk on each side of the word, and above this the word and illegible curvilinear black tattoo.
2. The abdomen just to the right and left of the umbilicus each have a tattoo of a black illegible letter.
3. The right aspect of the chest has a black tattoo of a marijuana leaf.
4. The lateral aspect of the left arm has a black tattoo of a heart with a banner.
5. The posterior aspect of the left arm has a black tattoo of an illegible word oriented in a vertical array.

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**CARDWELL, John Wesley**

6. The posterior aspect of the right arm has a black tattoo of the word Natasha oriented vertically.
7. The posterior aspect of the left forearm has a black tattoo of a picture of the state of Texas within which is a Mickey Mouse like figure behind jail bars, and stars circumscribe the tattoo.
8. The posterior aspect of the right forearm has a black tattoo of a clown face.
9. The posterior aspect of the right hand has a black tattoo of a small cluster of lines.
10. The superior lateral aspect of the left thigh has a black tattoo of two adjacent letters S.
11. The anterior medial aspect of the left leg has a black tattoo of a spider web with a spider.
12. The medial aspect of the right ankle has a black tattoo of two illegible letters.

**THERAPEUTIC:**

1. The left naris has a nasal gastric tube with its terminal end appropriately positioned within the stomach.
2. The anterior aspect of the neck has a tracheotomy tube.
3. The right clavicular region has an intravascular catheter with its terminal end positioned within the superior vena cava and connected to clear plastic bag labeled lytes in heparosol 8% and a plastic bag labeled 0.9 % sodium chloride solution and containing an estimated 300 ml of remaining clear liquid. The anterior aspect of the right arm, and the anterior lateral aspects of the left wrist and anterior aspect of left 3<sup>rd</sup>, 4<sup>th</sup>, and 5<sup>th</sup> fingers each have a skin puncture (Comment: These findings are consistent with sites of previous intravascular catheters or venipunctures).
4. The anterior aspect of the torso and the anterior lateral aspect of the left forearm has electrocardiogram patches.
5. The right wrist has a clear bracelet bearing the name of the decedent and identification number.
6. The left fourth finger has a pulse oximeter.
7. The penis has a foley catheter with its terminal end appropriately positioned within the urinary bladder and connected to a collecting bag containing a few ml of yellowish green urine.
8. The rectum has a catheter connected to a collecting bag containing a few ml of greenish liquid.

**INTERNAL EXAMINATION:**

**HEAD:** The scalp has no contusions. The skull has no fractures. There are no epidural or subdural blood accumulations. The brain weighs 1,306 grams. The leptomeninges are thin. The

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cranial nerves have no nodules. The cerebral arteries have no sclerosis. The external and cut surfaces of the brain are unremarkable.

**NECK:** The cervical spine, the laryngeal cartilages, the hyoid bone, and the strap muscles of the neck have no injuries. The upper airways have a red congested mucosa and contain no foreign material. The tongue has no contusions or bite marks.

**BODY CAVITIES:** The abdominal cavity contains an estimated 800 ml of clear amber liquid. The right and left chest cavities and pericardial cavity have no liquid accumulations. The pneumothorax test is negative bilaterally. The organs are normally situated, moderately congested and have no abnormal odors.

**CARDIOVASCULAR:** The aorta is unremarkable. The vena cavae have no thrombi. The pulmonary trunk and arteries have no thromboemboli. The great vessels and the chambers of the heart are under filled and contain a moderate quantity of dark red liquid and clotted blood. The heart weighs 425 grams. The epicardial surfaces are smooth and have a moderate quantity of fat. The coronary arteries arise from normally situated, normal size ostia, and distribute in a right dominant pattern. The proximal part of the left anterior descending coronary artery has mild atherosclerosis manifested by yellow soft eccentric plaque with 20% focal stenosis. Elsewhere the main epicardial coronary arteries have mild atherosclerosis without obstruction. The myocardial cut surfaces are red-brown with no gross evidence of fibrosis or necrosis. The tricuspid, pulmonary, mitral, and aortic valves are thin and unremarkable. The chambers have no dilatation.

**LUNGS:** The left lung weighs 1,065 grams and the right lung weighs 1,184 grams. The pleural membranes are thin and unremarkable. The cut surfaces are reddish-tan, firm and have occasional tiny to small geographic zones of yellow consolidation. The pulmonary arteries have no thromboemboli. The bronchial mucosa is reddish-pink and congested. No evidence of tumors, infarcts, emphysematous changes, or pulmonary edema are identified.

**LIVER, GALLBLADDER AND PANCREAS:** The liver weighs 2,474 grams. The capsule is thin. The cut surfaces are tan-green, firm and have micro nodular cirrhosis. The gallbladder is distended and contains an estimated 30 ml of thick green bile and has no stones. The pancreas has tan lobulated cut surfaces.

**HEMIC AND LYMPHATIC:** The spleen weighs 684 grams. The capsule is thin. The cut surfaces are dark red and partial autolyzed. The lymph nodes are not enlarged. The thymus gland is replaced by fat. The vertebral marrow is dark red.

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**GENITOURINARY:** The left kidney weighs 202 grams and the right kidney weighs 173 grams. The cortical surfaces are smooth. The cut surfaces are red-brown and have the usual corticomedullary pattern. The ureters have no dilatation. The urinary bladder is not distended and contains no residual urine. The prostate is moderately increased in size and the cut surfaces are reddish-tan-yellow, soft, and congested and has no nodules. The seminal vesicles are unremarkable. The testes have tan stringy cut surfaces.

**ENDOCRINE:** The pituitary, adrenal, and thyroid glands have no hyperplasia or nodules.

**DIGESTIVE:** The esophagus, stomach, and duodenum have no chronic ulcers. The stomach contains approximately 25 ml of thin tan nondescript liquid. The small and large intestines are unremarkable.

**MUSCULOSKELETAL:** The clavicles, sternum, ribs, spine, and pelvis have no recent fractures. The musculature is unremarkable.

**MICROSCOPIC DESCRIPTION:**

**Lung:** Cirrhosis. Collections of large pleomorphic hepatocytes with prominent nucleoli suggestive of hepatocellular carcinoma.

**Prostate:** Infarct manifested by necrosis and marked acute inflammation.

**Skeletal muscle:** Unremarkable.

**Lung:** Anthracosis. Bronchopneumonia manifested by pink proteinaceous material and sheets of neutrophils with karyorrhexis in alveoli, necrosis of alveolar septa, reactive pneumocytes and fibroblast proliferation. Organizing thrombus of small vessel.

**Heart from posterior wall of left ventricle:** Epicardium, myocardium, and endocardium, unremarkable.

**SPECIMENS AND EVIDENCE COLLECTED**

1. Photographs are taken.
2. Vitreous, blood, bile, urine, gastric contents, liver and brain are retained.
3. Routine tissue sections are submitted.

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CONCLUSION: The lungs had bronchopneumonia. The prostate had an acute infarct. The liver had cirrhosis. The spleen had congestive splenomegaly. The heart had arteriosclerotic heart disease. The clinically suspected myocardial infarct, and pseudomembranous colitis were not confirmed.

Based on all of the available information, John Wesley Cardwell died from heat stroke. Neuroleptic medications suppress central heat loss mechanisms and contribute to heat stroke. Therefore the neuroleptic medication administered for mental depression was a contributing cause of death.